



## Membership Data Form

### To be Completed by Member

Member's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (*Last, First, Middle*) \_\_\_\_\_

Maiden Name (*If applicable*) \_\_\_\_\_

Address \_\_\_\_\_

☐ Male ☐ Female Member's Date of Birth \_\_\_\_\_

County of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member's Telephone Number Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Name of Spouse (*Last, First, Middle*) \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Member History

#### Previous Service:

Arkansas Public Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas State Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas Highway Dept	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas State Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Private Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Out-of-State Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Active Military Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____

Have you ever participated in an Alternate Retirement Plan? (ie. TIAA-Cref, Valic) ☐ Yes ☐ No

Have you ever been a member of ATRS? ☐ Yes ☐ No

Have you ever received a refund? ☐ Yes ☐ No

### To be Completed by Employer

Employer \_\_\_\_\_ Employer Code \_\_\_\_\_

Member's Primary Position \_\_\_\_\_

Is Member : ☐ Full-time ☐ Part-time

Employee enrolled as ☐ Contributory ☐ Noncontributory Verified by ATRS \_\_\_\_\_

Member's first paid day of service (*Month/Day/Year*) \_\_\_\_\_